

PROVIDER SERVICE SUMMARY

PROVIDER INFORMATION

Name of Provider:

ENTEAM

Mailing Address:

1753 Highview Circle Ct.

City:

Manchester

State:

Missouri

Zip Code:

63021

Phone Number:

636-227-8989

Fax Number:

413-604-5635

E-Mail Address:

enteam@enteam.org

PRIMARY CONTACT INFORMATION

Name:

Ted Wohlfarth

Phone Number:

636-227-8989

E-Mail Address

enteam@enteam.org

SERVICES

Areas to be served by provider:

- ☒ All school districts in Missouri
☐ Specific districts or counties. Please list:

Number of sessions per week: Variable

Cost per session: workshop for 12 educators: \$485

Proposed location of service delivery:

- ☒ Student's school site
☐ Provider site
☐ Other:

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee? (Note: Districts are not required to provide or pay for transportation).
N/A

Certification of instructors:

- ☐ Baccalaureate degree in education

or

- ☐ Baccalaureate degree in related field of instruction. Please list related field(s):

Certified by Missouri and/or ENTEAM

Additional education and/or experience:

- ☐ Masters level degrees or above in either reading or mathematics
☐ Missouri teacher certificated/licensed teachers
☐ Experience teaching students with specific disabilities
☐ Experience teaching LEP students
☐ Ability to speak languages other than English. Please list:

Tutoring subjects available:

- ☒ Reading ☐ Writing ☒ Math

Grade Levels Served:

- ☐ K-2 ☒ 3-5 ☒ 6-8 ☒ 9-12

Title of tutoring curriculum utilized:

Time of Service:

- ☐ Before School
☐ After School
☐ Weekends
☐ Summer
☐ Other:

Mode of Instructional Delivery:

- ☐ Individual Tutoring
☒ Small Group Instruction
☐ On-Line/Web-based
☐ Other:

Specifics of reporting to parents & school (check all that apply):

Method:

- ☒ letters
☒ phone calls
☐ conference with parents
☐ conference with parents & school
☐ other:

Frequency:

- ☐ weekly
☐ bi-monthly
☐ monthly
☒ other: As scheduled.